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ABSTRACT

Although the problem identified drugs as the biggest problem facing toady's schools in the 1986 Gallup Poll Survey on education, only 16% of parents listed drugs. This handbook presents an action plan to overcome the denial of the drug problem in schools and a sets forth a comprehensive program to eliminate alcohol and other drugs from schools. In chapter 1, children relate their experiences of drug and alcohol use at school. Chapter 2 explains how drug use affects a school and why it continues. Steps in the formation of a community task force are described in the third chapter. The fourth chapter details the features of an effective substance abuse prevention program, and the final chapter describes the evolution of the Fairfax County (Virginia) Public School System prevention program and its revised regulations. A theme of the book is that the school is responsible for providing an alcohol- and drug-free environment, identifying users, and directing their families to support services. An extensive resource section is included. (LMI)

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SCHOOLS & DRUGS

A HANDBOOK FOR PARENTS AND EDUCATORS

Joyce M. Tobias, R.N.

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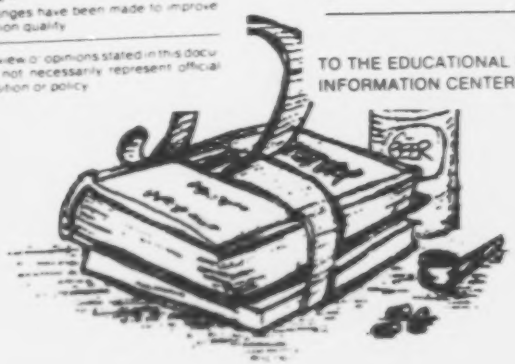

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SECOND EDITION

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SCHOOLS & DRUGS

A HANDBOOK FOR PARENTS AND EDUCATORS

Joyce M. Tobias, R.N.

SECOND EDITION

Published by

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HOW TO LIVE

Live each day to the fullest.
Get the most from each hour, each day and each age of your life.
Then you can look forward with confidence and back without regrets.
Be yourself - but be your best self.
Dare to be different and to follow your own star.
And don't be afraid to be happy.
Enjoy what is beautiful
Love with all your heart and soul.
Believe that those you love, love you.

Forget what you have done for your friends,
And remember what they have done for you.
Disregard what the world owes you.
And concentrate on what you owe the world.

When you are faced with a decision,
Make that decision as wisely as possible - then forget it.
The moment of absolute certainty never arrives.

And above all remember that God helps those who help themselves.
Act as if everything depended upon you.
And pray as if everything depended upon God.

by

Shawna Buser

Died in a car accident
August 6, 1986

She was a member of a drug-free youth group in Jefferson City, Missouri. This poem was found by her parents in her handwriting. This is the way she tried to live.

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INTRODUCTION

Although the public identified drugs as the biggest problem facing today's schools in the 1986 Gallup Poll's survey on education, only 16% of parents listed drugs as the biggest problem in the school their own oldest child attended. Here lies the heart of the problem. While most of us believe drugs are a very serious problem, the normal reaction is still "not my kid" and "not my school." **SCHOOLS & DRUGS** is a book for parents and/or educators who are met with the reply "not my school" when they attempt to address the issue of drugs in their schools. The book presents an action plan to overcome the denial of the problem followed by a comprehensive program to eliminate alcohol and other drugs from schools.

The seeds of this book began in 1980 upon my discovery of alcohol and marijuana use by two of my children. It was not until I met children from many states who were in drug rehabilitation treatment with my children that I learned just how frequent and casual the use of alcohol and other drugs is in public and private junior high and high schools across the country. Slowly I learned why use continues, why it is so difficult to solve the problem and finally, I found that something ***could*** be done about it if we joined together, took risks, and were willing to be unpopular for a short time. What follows comes from what we learned and did.

SCHOOLS & DRUGS was written to use in conjunction with my first book, **KIDS & DRUGS**, described in the Resource Section, pg. 38. Hence, information included in **KIDS & DRUGS** is not included in this book.

SCHOOLS & DRUGS is divided into five chapters. In chapter one the kids themselves tell of their use at school. Chapter two explains how drug use affects a school and why it continues. Chapter three describes the formation of a task force. Features of a good substance abuse prevention program are detailed in chapter four. The evolution of and the description of the Fairfax County Public School System program and its revised substance abuse regulations are recounted in chapter five. I have not discussed controversial measures such as urine testing and the use of dogs for searches. They can be useful tools but they alone will not solve the problem and the threat of such measures is likely to extend the denial period of key persons. I urge you to get on with a well-rounded, comprehensive program which can be very effective before spending a lot of time and money on such volatile, emotionally charged topics. Let us concentrate on getting kids well and getting our schools alcohol- and drug-free by ***working together*** as parents and educators along with our own positive role modeling.

In this book the terms drugs, drug use, chemical use, and substance abuse refer to the use of alcohol and other mind-altering drugs. The term chemical dependency implies dependency on alcohol and/or other drugs. For those under the legal drinking age there is no "responsible or recreational use" of alcohol or any other mind-altering drugs. Adolescent alcohol use is considered to be just as harmful and serious as other drug use. For adults any "responsible use" of mind-altering drugs other than alcohol is abuse. Adults have a responsibility to examine their own use of alcohol.

1 DRUGS AT SCHOOL?

LET'S HEAR IT FROM THE KIDS!

The following stories were written by students in treatment for chemical dependency. The stories focus on their alcohol and other drug use in school. Seven public schools and one parochial school are represented. The parents of these children were unaware of their children's chemical use for at least one to four years. Considering that, it is not surprising that teachers or administrators often fail to recognize use. Of particular interest are the kids' estimates of alcohol and other drug use at school, how frequently the children were high at school, how infrequently they were caught, and that some were able to maintain good grades and participate in athletics despite frequent chemical use. The names in these stories have been changed.

Chris

"I'm eighteen years old, and the drugs I have used are pot, alcohol, hash, hash oil, LSD, PCP, cocaine, uppers, downers, mushrooms, amyl nitrite, and some prescription and over-the-counter drugs. I did drugs for three and a half years.

Before I got into drugs I spent a lot of time with my family in sports, church activities, scouting, and just plain family fun. My mother is a public school librarian and my dad is vice-president of a national association.

I usually got high three or four times a day at school, usually on pot or hash, but sometimes with beer, LSD, PCP, speed, and mushrooms. I did drugs before school, between classes and at lunch, usually in the smoking court, and also in the parking lot, and up a hill which is beside the school. Sometimes I got high in the bathrooms, hallways, and even in the classrooms. It was easy to get away with. Several times I knew that my teachers were aware that I was using drugs or on drugs in class, but they usually joked about it or acted like they didn't see me. One even warned me to be more careful or someone could easily catch me. I did get caught once, but there was no concrete evidence that I was high, so all that happened was a note got sent home to my parents about it. I kept my drugs in my desk, pocket, or locker, and was able to keep up a thriving trade of

buying and selling drugs at school. Since I maintained an A-B average and had high SAT scores, it was easier to avoid problems with teachers hounding me. I never played school sports as a druggie, but I was in the National Honor Society, so that helped me slide by too. I got high every day on the bus, and nearly overdosed on one field trip I went on. I would guess that about 65% of the kids in school are high sometime during the week.

I had a job for a while but I quit going to work because I was making more money dealing drugs in school.

The biggest difference I see in my schooling since I got straight is that I am an honest asset to my school instead of being one of the problems. I get good grades honestly. I show up for class, and I even assist my administrators in catching people trading and using drugs at school. For once, I really feel like a valuable part of my student body, instead of someone who detracted from it."

Jim

"I am 17 years old. The drugs I did were pot, alcohol, hash, hash oil, ups, downs, LSD, PCP, gasoline, and mouthwash containing alcohol. I did these drugs for five years.

I got high before I got to school, in between classes, at lunch, when I would skip classes, in the smoking lounge, in the bathrooms, the parking lots, on the football field and in the stadium. My grades were mostly F's and some D's. My teachers knew I was high a lot of times and yet did nothing about it. I was caught and suspended from school for five days because I was smoking pot in a hallway. I kept all my drugs and paraphernalia on me in my coat, pants pocket, socks, boots, etc. I almost always bought my drugs at school. I had absolutely no interest in sports or after school activities because I'd rather be doing drugs. I did work the sound system for the plays a few times. Then I always got high before the play started. About one third of the school's students got high at school.

Now that I am straight I have been able to think much more clearly, and have participated a whole lot in class by joining in debates on opinions. I have given a speech on the drug problem and am going to talk on my past in drama class. I have much higher grades and I am a good example to other students. I'm not into images or druggie acceptance so I feel free to be myself and to be honest."

Carla

"I started drugs when I was 12 years old and did them for seven years. I did alcohol, pot, mushrooms, opium, hashish, ups, downs, LSD, PCP, cocaine, heroin, Thaistick, and sniffed glue. There are three other children in my family, all younger than me. We are of upper middle class income. My father has a master's degree. We lived overseas for about five years in Africa and Asia.

I spent about half my time in high school doing drugs and the other half I spent sleeping and "coming down." I would do speed every morning before I left for school and then either while driving to school, or in the smoking lounge. Before class I would smoke pot with my friends and do more speed every three or four hours. I'd get high at break, lunch, and between or during my classes. I was high every day in school. I would get high in the bathrooms, in the smoking court, or around the corner. At lunch I would always go with friends in their cars to the 7-11, or to a park or a friend's house and smoke pot and drink alcohol while we drove. Sometimes we wouldn't even come back to school at all. My teacher was not aware I was rolling joints behind my book or snorting speed off the table. Some of my teachers would remark at my red eyes when I came into class late and the class would laugh. One of my other teachers told me to see him after school and he talked to me about my bad appearance and my lack of participation in class. He tried to help me to see that I was not succeeding. I never got caught getting high at school, but I did get a couple of "in-school-suspensions" for smoking in the bathroom and leaving school without permission at lunch. I kept my drugs in my purse, pockets, and socks. My favorite place was in the wrapper of my cigarette pack. I bought everything from speed to LSD to hash at school. I could also find out who was selling PCP or cocaine. My grades were passing. A couple of B's, an A in art, a D in one class, and C's in the rest. I was a member of the French Club, but I did it just to look good on my records and to have an excuse to get out of the house. I once got really high before a French Honor Society meeting. When I went I felt very ashamed and guilty and I don't think I was even a member of that Society, but I was so confused at the time, I thought I was a member. I would say that about 60% of the students are high during the school week.

I have returned to the college I dropped out of when I was on drugs. Now, I get so much more work done, and I feel real pride for my work because I really concentrate and I spend a lot of time on my work. I don't run out and get high, but I sit serenely for hours, just thinking about my work. I don't get all involved with talking to the other kids. I pretty much stay to myself because I figure I'm not in school to socialize, but to learn. In the afternoon I feel alert and awake, just like I did in the morning, because I haven't put a

bunch of drugs in my system that made me feel so dragged out in my past. No one recognizes me, but when they do they compliment me and exclaim, "You have changed!" I feel proud of this. I got a B in my first assignment which I think is great considering I've been out of school for two years."

Andy

"The drugs I did were pot, alcohol, hash, cocaine, LSD, ups, downs, PCP, nitrous-oxide, mushrooms, and opium. I did them for six years.

I went to two parochial high schools. During the last year and a half of school, I was skipping classes two or three times a week to drink at a local bar. I had a lot of free periods during the day and got high either right in or by school or in druggie friends' cars at least three or more times each day. I had two teachers that knew I was high in their class every day and chose not to deal with it. They ignored it even when my own druggie friends pointed out I was high. In my first high school, I was caught once and suspended. The second time I was caught I was expelled. At my second high school, I was caught by the assistant to the dean who was into acceptance with the druggies and he let me slide by. I kept paraphernalia and drugs in my locker, in my book bag, and in my pockets. I bought drugs often at school and almost daily would ride out in cars to buy small amounts of drugs locally. Before I dropped out of school, I had second honors with a B+ average. I cheated in some classes, as much as the difference between an A and an F. I was involved in the Ranger Club and the Rifle Team for one and a half years and took advantage of the club's camping trips to get away from my parents and do more and harder drugs than I would if I were at home. On my school trips, I usually did more drugs than skiing and wnen I was skiing I was usually drunk or high. The moderators were aware of the drug use on the bus and at the resort and regarded it a "part of the fun." I looked forward to all school sponsored trips as a chance to get away from my parents and do a lot more drugs. About 200 of the 800 kids were high at school sometime during the week.

I worked about 20 hours a week all through high school. I liked work and school because they gave me a chance to do drugs and alcohol while my parents thought I was doing something constructive.

My mom was extremely aware of my drug and alcohol use, but nothing she did stopped me from using them."

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Tom

"I started doing drugs when I was nine years old. I used drugs for five years. The drugs I used were pot, alcohol, hash, ups, downs, prescriptions, PCP, LSD, opium, and I huffed gasoline and aerosols. My father is a colonel in the army and my mother is a math teacher.

I was kicked out of my intermediate school and then attended another one. I did drugs in the bathrooms and classrooms. I did them between classes, during breaks and lunch, and whenever I could find free time. Right after school was out, I used to go to a trailer near the side of my school or across the street in the woods and get high again. My administrator was aware that I did drugs, so whenever he saw me he would take me in the back room and make me empty my pockets. They also would put me in an in-house suspension program and leave me in a room all day alone. I vandalized the school many times. I burned names of drugs in the ceiling, kicked in heaters and toilet stalls, wrote and marked over stalls, broke into lockers and stole from them. I kept my drugs and paraphernalia on me most of the time. Sometimes I kept them in my inside coat pocket in my locker. I bought drugs at school from friends, and I used to walk over to the high school and buy drugs from the high school kids. My overall average was well below a D, it ranged from D's to F's with an occasional C. Sometimes I would be lucky and get a B. I had the leading part in a play called "A Christmas Carol" but it was taken away from me because I skipped practice. I also tried to be on the student council but was too irresponsible.

I had a morning paper route and I got high early every morning. My mom had to get me out there delivering papers.

Since I have gotten straight, schooling for me is neat. I work hard, but my attitude is still pretty bad towards school work. I am respectful to the teachers now. I am not misbehaving in class or doing anything of that sort. But a lot of the other students are into acceptance and act so immature just to get attention. I feel good that I don't get attention in that way anymore."

Linda

"The drugs I've done are pot, alcohol, hash, hash oil, ups, prescriptions, and cocaine. I started drugs when I was 13 and did them for 10 months.

I did drugs once or sometimes twice during the school day. I did my drugs in the smoking lounge, the bathroom and school hallways. My teachers were not aware of my drug use, yet I was late to class, skipped some, and

vandalized. In fact the teachers considered me a good kid. I kept my drugs and paraphernalia in my purse and locker at school because I bought most of my drugs at school. I maintained a C average with a failing of a class here and there which I then blamed on the teachers. I played soccer when I was a druggie. A lot of times I got high before and after games. I got high at school sponsored activities, everything from sports to dances. I'd estimate that around 75% of the kids in high school do drugs during the school week.

Since I am straight, I have returned to school and I'm going to the school I did drugs at. I now go to class, am involved with what is going on in class, and I don't have to cheat to pass. Kids are still doing drugs around me every day, but it takes me being strong and looking at the hole I came from 13 months ago."

Mark

"I did alcohol and pot for two years. I started doing them at the age of 16.

I got high on the school bus and was usually intoxicated in the morning during my first period class and at lunch about three times a week. I drank alcohol from a 7-11 Big Gulp cup in the hall right in front of the doors to the front office where the guests usually come in school. I drank a lot in the bathrooms during class time in the morning. My teachers suspected me of being drunk but they just told me to "watch it." One teacher would B. S. with me about being drunk. I was never caught intoxicated at school. I used to vandalize the school lockers and roof and ceiling tiles. I also broke desks and door knobs. I kept my drugs and paraphernalia in my locker. I never bought drugs at school but there were plenty of drugs being sold in school and "out back" of my school. My grades were all A's or B's and my average was a 3.3, but I used to cheat to get that. I participated in football, wrestling, and in baseball as a druggie. I won the state championship in wrestling as a druggie. The coach opened the bottle of champagne at the party after I won the state championship. In baseball I would do drugs before practice and games. I got drunk at two games last year while I was playing in them. After the game I went with all of the players to go and get drunk. I estimate that about 80% of the people that go to school do drugs and about 60% are high at school sometime during the week.

Since I got straight and have been back in school I have not hung around in the halls at all. None of my teachers worry about getting into arguments with me or if I am cheating in class. The school principal and his aides all respect me. They don't have to watch every move I make to make sure I am in class and not skipping or getting drunk or just hanging out. I am not cheating at all and I have maintained my 3.3 average."

Keith

"I have done pot, alcohol, hash, uppers, downers, cocaine, PCP, LSD, RUSH, nitrous oxide, and opium. I started doing drugs when I was about twelve.

In the eighth grade just about every type of drug was available at school. By the ninth grade I was smoking pot at least three times a day during school. I got high on the bus and even in the classroom. In addition to pot, I used pills, alcohol, and LSD at school. While my friends and I were high we would burn things in the bathrooms and on the walls. Sometimes we would break lights and lockers etc. A few times at school my teachers definitely knew I was high. They briefly questioned me about it, but that was all they did. One time I was caught by an administrator for smoking pot. The police were notified, and all I received was three days suspension. All the kids I knew used to carry pipes, bongs, and rolling papers on their person or keep them in their locker. Some people I knew carried large quantities of drugs on them at school. Before drugs I had about a B average. By the eighth grade it was C's and D's. In ninth grade I got straight F's. By this time I had also dropped out of all sports and extra-curricular activities. Every part of school was devoted to drugs for me. I would say that at least 30% of the kids were high during school.

Since I have been in treatment I am no part of the drug scene at school. I still see a lot of the same thing still going on. It is still the largest problem."

2 IS IT A SCHOOL'S PROBLEM?

School personnel frequently remark that adolescent chemical use is not a "school problem," but a "people problem" or a "community problem." It is all three. It is a ***school*** problem because the undesirable behavior manifested by students who use away from school or at school affects the total school environment. Chemical use is contagious and can spread rapidly if those in charge do not understand the nature of the disease.

THE EFFECTS OF CHEMICAL USE ON A SCHOOL

Effects on the User: A close relationship between drug use and academic performance was shown by a New York State Substance Abuse Survey done in 1984. While 28% of non-users achieved an A average, only 8% of regular drug users achieved an A average. On the other end of the scale, 2% of non-users earned D's or F's compared to 23% of students described as "extensive users."

In April 1984, Dr. Scott Thomson, executive director of the National Association of Secondary School Principals in 1984, stated:

"Pot poses the most serious single challenge faced by our high schools today. It constitutes the greatest barrier to student motivation and rigorous study that exists.

Marijuana demotivates students, makes them lackadaisical. Pot-smokers also drop out of student activities and athletics, and this harms their social and physical development.

Marijuana really does penalize the potential of students to develop in all areas, in leadership and academic growth. It's a terrible thing."

Effects on Non-using Students: Users display disruptive and rebellious behavior not only when they are high but also when they are ***not*** high. Thus, even users who do not use at school affect the classroom environment and obstruct learning for everyone in the room. Teachers cannot control a user's behavior in the classroom, just as parents cannot control it at home. Like families, classrooms with chemically dependent children become dysfunctional. Furthermore, users pressure non-users to use.

It Becomes a School Disease: Dr. Mel J. Riddle, coordinator of substance abuse prevention for Fairfax County, Virginia public schools in 1981 and

1982, told the Senate Subcommittee on Alcoholism and Drug Abuse, on October 21, 1981:

"Probably the worst effect of marijuana use is on the school climate and the general school environment. First of all, it contributes to the formation of an alienated subculture in the school that wants to have nothing to do with anything that goes on in the school, but does want to have something to do with talking about, finding, purchasing, distributing and using drugs, particularly marijuana.

That alienated subculture often engages in a variety of negative behaviors. So we try to treat the negative behaviors and we are only treating the symptoms of the problem when the real problem is drug use. Anytime a school activity is held you must account for the fact that there may be some drug use, and plan to control or prevent it.

Drug use also contributes to low staff morale. Teachers, administrators and counselors attempt to deal with the problems and they experience the same kind of guilt and frustrations and anxiety that parents experience who have children that are abusing substances. Also, in that sense, drug use is not only an individual disease and a family disease, but it is also a school disease, because everyone in that school feels those emotions and experiences the emotional pain.

We find teachers becoming increasingly frustrated and ready to give up in terms of trying to deal with these problems because no matter what we do, we find that the problems persist - unexplainable continuation of inappropriate behavior. It is difficult for us to comprehend a rational person continuing to misbehave in the way some of these students do, so it is very frustrating to deal with that.

Finally, we begin to lower our expectations, both about academic performance on the part of students and about their behavior. Students also lower their expectations about how they should behave. They begin to gauge and compare their behavior to the worst behavior in the school."

WHAT MAKES SCHOOLS VULNERABLE?

Availability: Drugs tend to be available wherever groups of kids congregate whether it be parties, parks, malls, or schools. Schools are especially vulnerable because kids spend large blocks of time at school and school related-activities. For users, school offers a networking opportunity. Drugs are very easy to conceal and privacy rights issues protect users.

Chemical Use Is Contagious: Chemical use is initiated because of peer pressure, curiosity, availability, and it's social acceptance. It brings peer

acceptance, group membership, and good times. Chemicals are ***shared***. These factors make use spread rapidly to epidemic proportions. It is more contagious in extracurricular activities because of the closely knit bondings of the participants.

Professionals Estimate That 5 to 10% of Adolescents Are Chemically Dependent: It is not a school's fault if a student uses drugs. Use does not ***begin*** at school, but occurs at school only after the user is well on his way into the ***disease*** of chemical dependency. The same could be said for an adults' alcohol use on the job. Students who are chemically dependent will find a way to use at school because it is very difficult for them to spend six to eight waking hours without any chemicals. These students cannot stop use by themselves. They pressure others to use. They need professional help. [4]

HOW IS A SCHOOL DRUG PROBLEM ENABLED?

Ignorance: Like parents, educators tend to be unfamiliar with adolescent chemical use. Most have not had personal experience with drug use nor professional training for recognition of it. The problem has developed gradually and insidiously. Behaviors resulting from chemical use are similar to but more extreme than what is expected in adolescence. Since these exaggerated behaviors have become more common they are being accepted as normal adolescent behavior. Many professionals do not realize that poor motivation, low self-esteem, declining grades, skipping school, vandalism, theft, fighting, etc. are often associated with chemical use. Many parents are reassured by school counselors that the problems they are having with their child have nothing to do with drugs or that a little experimentation is harmless.

Denial and Guilt: School administrators, counselors, teachers, and coaches go through the same denial process that parents go through. They feel that if there is drug use in their school, classroom, or team it is their fault, or that it is a reflection of their job performance. They may agree students are using alcohol and other drugs after school hours but certainly not at school or during school activities. It seems easier to deny the problem than to do something about it.

Blame: Parents and the police department are favorite blame targets of school personnel. We must begin to realize that we have all been a part of the problem and now we must all become a part of the solution.

Fear: Administrators fear that admitting a drug problem will cause panic among parents, students, teachers, media, etc. There is a possibility of vandalism, retaliation, and lawsuit to those exposing the problem. There may also be a fear of loss of acceptance by students or peers, loss of

prestige in the community, or loss of job. Strangely, there seems to be no fear of civil liability in the event that a student or school employee is harmed or injured as a result of his own or someone else's substance abuse at school or during a school related activity.

Poor Administrative Support: When a child is apprehended for drug possession a typical parental reaction is denial and a demand to speak to the person next in authority. A school superintendent or principal in denial is likely to grant a parent's request rather than back up the teacher or administrator who had the care and courage to report the problem. Hence, school personnel stop trying to deal with the problem.

Adequate Treatment Is Unavailable: Many communities do not have good treatment facilities for adolescent chemical dependency. Intervention seems fruitless to school officials when there is no help available for users.

Enabling: School systems unknowingly and unintentionally enable deviant behavior and drug use by making it easier to do drugs or by not allowing the student to experience consequences for untoward behavior or chemical use. Rather than imposing meaningful consequences for negative behavior, school discipline and policies become more lenient, e.g., the problem of class cutting might be solved by allowing more cuts. Lax attendance keeping, open campus policies, and easy availability of cars enable daytime partying. Students are given second chances to boost grades. Smoking courts provide safe areas to do and sell drugs. Users are often misdiagnosed as learning-disabled or emotionally disturbed and placed in special programs that frequently become a big "druggie clique." With fewer expectations put on them, some can maintain grades while doing drugs. Sometimes a teacher, counselor, or coach is conned by a child's false stories of a disastrous home environment. Use is also enabled by failure to inform the parents of the problems a child may be having at school, and by poor enforcement of rules. Coaches and chaperones sometime drink with the kids on school trips.

Acceptance of Use: The kids interpret the ignorance, denial, fear, blame, and enabling of adults either as a lack of care, or as acceptance of chemical use, or assume that the adults are using themselves. This apparent acceptance further enables use.

SIGNS OF A SCHOOL DRUG PROBLEM

Alcohol and Other Drug Using Students May . . . . .

- ❑ avoid eye contact with authority figures
- ❑ argue over nothing
- ❑ act rebellious, use bad language
- ❑ fall asleep in class
- ❑ act secretive or paranoid
- ❑ have poor concentration
- ❑ be labeled learning-disabled
- ❑ blame teachers for problems
- ❑ be well known to the administration
- ❑ arrive late, disrupt, or skip classes
- ❑ hang around the smoking courts
- ❑ have mood swings
- ❑ disregard or break rules
- ❑ get in fights
- ❑ tell lies
- ❑ lack motivation
- ❑ have declining grades
- ❑ disrespect authority
- ❑ drop outside activities
- ❑ cheat, steal, or vandalize
- ❑ sell drugs
- ❑ often be sick

School Personnel May . . . . .

- ❑ experience little job satisfaction
- ❑ feel their classroom or team is out of control
- ❑ dislike their job
- ❑ feel they are handling discipline problems more than they are teaching
- ❑ find it difficult to communicate with students
- ❑ lower expectations of students' performances
- ❑ give students second chances to raise grades
- ❑ experience verbal abuse from students
- ❑ be afraid of physical abuse
- ❑ find reasons to miss work
- ❑ feel powerless
- ❑ be conned by a user's stories of parental abuse

The School Atmosphere May Include . . . . .

- ❑ chaos, graffiti and litter
- ❑ rebelliousness and bad language
- ❑ students roaming the halls during class time
- ❑ frequent visits by alumni or strange adults
- ❑ students frequently leaving the building
- ❑ frequent class tardiness
- ❑ increased absenteeism
- ❑ more failure of tests on Mondays
- ❑ increased absenteeism in afternoon classes
- ❑ low participation in extra-curricular activities
- ❑ large number of tobacco smokers
- ❑ vandalism, fighting, and/or theft at school and school related activities
- ❑ problems on the buses and at bus stops
- ❑ high drop out rate

3 TACKLING THE PROBLEM

The public readily admits that drugs are a serious problem in the nation's schools, but ask parents or educators about their own school and they will usually reply, "Not my school!" After a little research on your part you most likely will conclude that there is a drug problem in your school. The problem can be solved. It only takes the willingness of one parent, teacher, counselor, or principal to spend some time on self-education and recruitment and education of a core group to start the ball rolling. Many people see the problem, are ready to participate, but are waiting for a go signal from someone else. The core group's initial task is to convince one or two key persons in the school administration of the benefits of appointing a community based task force which would determine if there is a problem and how to solve it. The task force will probably be dominated by those who are in denial of the problem. It will require the knowledge, skills, persistence, and commitment of a minority of the task force and of your core group to break through the denial of the majority. When the problem is accepted the solutions will evolve quite easily.

INVOLVE THE COMMUNITY

Consider the Task Force Approach: A task force should include personnel from schools, law enforcement, the courts, city or county agencies, health professionals, community leaders, and parents.

1. It binds the community and gives ownership of the program to the community. School administrators will receive increased community support when strict new rules are enforced. It makes the community aware of the problems of substance abuse.

2. Sharing the experiences of the various disciplines brings about a more accurate total picture.

3. Blaming is eliminated and shared responsibility, cooperation between experts, and increased services from other agencies occur. Turf protection is diminished.

Set a Goal to Establish a Comprehensive Program for the *Entire* School System:

1. Principals are powerless if their school system does not have a strong policy and set of regulations. With a strong policy in place, principals are insured of legal protection and support from their superiors.

2. More funding and resources can be provided for a more inclusive program. There can be better resources for staff training in recognition of substance abuse and search and seizure procedures.

3. Children receive a clear and consistent "no alcohol or other drugs tolerated" message from grade school through high school. As time passes, children entering junior high and high school will already be accustomed to the system's no nonsense approach to alcohol and other drugs.

FORMATION OF A TASK FORCE

Begin with Self-education

Learn Signs and Symptoms of Chemical Use: Even if you work at the school you may not recognize the drug related behaviors you are seeing. Read the **KIDS & DRUGS** book and other literature listed in the Resource Section. Attend open AA (Alcoholics Anonymous), NA (Narcotics Anonymous) meetings, or visit other rehabilitation programs and listen to the testimonials. Attend a state or national parent group conference (See Resource Section).

Become Acquainted with the School Atmosphere: Get involved in volunteer work at school and watch and listen, especially at lunch time and dismissal. Attend games, dances, and other school activities. Observe the graffiti, smoking courts, bathrooms, behind the bleachers, the parking lots, and any remote areas on campus. Record with dates what you have observed. Talk with kids, parents, teachers, school nurses, bus drivers, and police. Some of these people will be naive but some will have observed drug use and drug deals.

Gather Statistics: Study your school system's statistics of alcohol and other drug related problems. These include attendance, class cutting, tardiness, insubordination, vandalism, theft, and the drop out rate. Alcohol and drug offenses are likely to be low if the problem is not recognized. School statistics are public record. Study police and court statistics. Get stats from hospitals on teenage drug emergencies and visit pediatricians and adolescent treatment programs for stats. Some states do regular substance

abuse surveys which may be broken down by the county. There may also be helpful reports done on schools in relation to academic achievements, crime, etc. by various state agencies in your state.

Form a Core Group

Recruit Other People: When you feel you have adequate information to proceed further, begin to recruit others to join you. Explain that your goal is the establishment of a task force for study of the problem. If you can demonstrate that you have knowledge and a plan, concerned people will join. To sell your idea use the information you have gathered and the concepts explained in Chapter 2. Give people literature. Stress that we all have ownership of this problem and that we must now all be part of the solution. Reach out beyond the school community to the churches, the mental health department, police, and local politicians. Public servants tend to be very responsive. If they are not able to join the group, ask for their endorsement. Having a name for your group helps to attract additional members and gives a good impression.

Visit the Principal or Superintendent: Choose several people to make the first visit to the school principal or superintendent. Plan your approach very carefully. Do not blame, exhibit excessive anger, accuse, or threaten. Describe your group, give the information you have gathered, and explain the concepts in Chapter 2. Provide literature. Discuss the task force approach and the advantages of developing a program for the entire school system. Offer help and support. If you plan to publicize the meeting results allow the school person to review your report before publication. Don't leave without setting up another meeting.

The Outcome of the Visit: Offer the help and support of your group if the principal or superintendent develops a plan. Allow the plan a chance to work whether or not you have been included in its operation.

If a task force is proposed, request that several members of your group be appointed to it. This may require some support from local politicians.

If there is no action, try presenting your case to the next level, i.e., the superintendent or school board. Focus your group activities on other aspects of substance abuse issues if you are unsuccessful. Other issues could be treatment, legislation, the selling of alcohol to minors, drug dealing near the school or at a local shopping center, etc. Solicit more membership for your group. Record all of your accomplishments. Try to get media attention and the support of politicians, police, health professionals, and local businesses for your projects. Through these actions you will gain additional school information, much needed knowledge, a good reputation, build credibility, and demonstrate that your group is here to stay. When the time seems right try again to focus on the school.

The First Task

The most important task for you, and the most emotionally exhausting one will be convincing the task force of the seriousness of the problem and the concepts explained in Chapter 2. If the information you have gathered does not suffice there are additional tools listed below which can help. You may need assistance from local politicians or the press to get these measures implemented. When the denial is broken down there will be a fresh spirit of dedication and commitment and a comprehensive program will develop.

Guaranteed Parental Support: A guarantee of widespread parental support is a key factor in prompting a task force and administration to undertake the difficult and unpleasant aspects of establishing and enforcing a strong program. Ask parents to write a letter of support to the task force chairperson and send a copy to the school superintendent, local politicians, school board, and newspapers. Indicate to whom copies have been sent. Letters are incredibly effective.

A Student Survey of Chemical Use: In Winchester, Virginia a PRIDE student survey (see page 37) convinced the community there was a problem. Although self-reporting of use in a survey is always under-reported the results will still be astonishing and will probably coincide closely with the national surveys. Translating the percentages in your survey results into actual numbers of students will be very convincing. A survey is a good starting tool because a repeat survey after implementation of a program serves as a valuable evaluation instrument.

Use of Undercover Agents: In a New Jersey community, undercover agents investigated two high schools. The results were so shocking that a grand jury investigation was done.

Testimonials of Student Users: In Fairfax County, Virginia the testimony of student users and non-users, and the testimony of a local pediatrician who had conducted an alcohol and drug use survey in his practice convinced the task force.

Utilize a Crisis: In some communities a fatal accident or large drug bust has prompted a full scale investigation. Be ready to take advantage of any such crisis that occurs in your community.

Professional School Intervention Service: If you have funding available, the use of professional intervention services can be very helpful and save valuable time. (See Resource Section, page 36.)

4 A PREVENTION PROGRAM

"Comprehensive programs to attack drug, alcohol, and tobacco use must reach beyond the school to involve parents and the community as well. These programs begin with a firm and committed anti-drug policy. They reinforce curricula by providing staff training and support, intervention and referral services, and drug-free extracurricular activities. Curriculum is an essential piece of the struggle against drugs, but only a piece of it." [6] **Drug Prevention Curricula, A Guide to Selection and Implementation**, U.S. Department of Education

THE JOB OF THE TASK FORCE

The development of a comprehensive program will require much study, trust, and co-operation from task force members and the school administration.

Review the Existing Program: Study the rules for substance abuse violations and search and seizure procedures, intervention procedures, prevention programs, and the statistics of substance abuse violations and of drug related behaviors such as class cutting, truancy, vandalism, the drop out rate, etc. Review SAT scores.

Study Other Programs: A description of award winning substance abuse programs from 25 schools is given in **Profiles of Successful Drug Prevention Programs** listed on page 35 in the Resource Section. Determine areas of your program which are deficient or non-existent. Pinpoint features of various programs studied that seem appropriate for your situation.

Draft Recommendations: The recommendations will probably include policy and regulations revisions that require school board approval, items which only need approval of the school administration, some programs whose funding is not yet in the budget, and perhaps some programs which will need to be developed from scratch by a separate task force or by the school system.

Legal Review: The school administration and its legal counsel will need to review and revise the recommendations so that the language conforms with state law. Proper legal terminology is crucial when regulations are challenged.

Task Force Approval: Ideally the task force will be allowed review and approval of the revisions.

School Board Approval: Measures that necessitate school board approval are the back bone of the program. They could need strong support from parents and task force members, since the school board members may lack the benefit of the education the task force received.

Will the Task Force Be Ongoing? Determine if there is need for the task force to continue to meet through implementation of the program, a subsequent evaluation of the program, or for development of future projects, etc.

COMPONENTS OF A PROGRAM

Goals of a School Substance Abuse Prevention Program

- Establishment of a strong policy and regulations that give staff, students and parents clear definitions, consequences for use and legal protection.
- Provide staff with inservice training.
- Provide staff and students with correct substance abuse information.
- Provide an alcohol- and drug-free environment at school and school related activities.
- Provide a consistent message of no alcohol or other drugs.
- Identify, intervene, and refer to treatment students and employees who are chemically dependent on alcohol and/or other mind-altering drugs.

School Policies and Regulations

Definition of Substance Abuse: Substance abuse specifies not only illegal substances but also drug paraphernalia, alcohol, illegally used prescription drugs, and imitation or "look-a-like" controlled substances. The term substance abuse should apply to students and school staff being under the influence, in possession of, or distribution on school property or while engaged in or attending any school activity.

Consequences for Substance Abuse: Consequences for students and employees need to be clear and strong but at the same time provide measures aimed at bringing the family out of denial and precipitating treatment for a chemically dependent person, e.g. consequences might be reduced if the family agrees to a program of drug education and an evaluation procedure for chemical dependency. Treatment may be required for readmittance to school or job in the case of a positive diagnosis of chemical dependency. Consequences are usually more severe for subsequent violations and for distribution.

Weapons: A definition of weapons and consequences for possession of and use of weapons is a necessity.

Extracurricular Activities: Substance abuse violations occurring in athletics and other extracurricular activities might entail additional consequences, since these activities are a privilege, provide role models for other students, and have a high potential for epidemic spread within the team or club.

Notification of Parents and Police: The method of police and parent or legal guardian notification of the offense should be described. Requirement of a parental signature acknowledging the notification and its report to the police protects the school. Confiscated materials should be turned over to the police.

Search and Seizure Procedures: Clearly stated search and seizure procedures which comply with state and federal laws are essential. Include what types of searches are allowed e.g. search of persons, possessions, lockers, cars, etc., and when a warrant is required.

No Tobacco Use Policy: A no tobacco use (includes smokeless tobacco) policy on school grounds for students and employees not only discourages an unhealthy addictive habit but also serves to eliminate sanctioned smoking areas which tend to become hangouts for drug distribution.

Alcohol and Other Drug Related Behaviors: Policies regarding class cutting, tardiness, and vandalism may need strengthening.

Education of School Personnel

All school personnel who come in contact with students, including the administration, counselors, faculty, coaches, band directors, bus drivers, custodians, and cafeteria personnel need awareness training to accomplish the goals of the program and to carry out their responsibility for reporting suspected use. Recovering users, **KIDS & DRUGS**, and resources in the Resource Section are good resources for this information.

Teach the Goals of the Program and the Concepts in Chapter 2.

Role Modeling: A good example is the best sermon. The kids are expert at identifying ***adult*** users. Adults who abuse alcohol or use other mind-altering drugs can not effectively give "no use" messages.

Information on Specific Drugs: Personnel need to know about the various drugs including anabolic steroids, their appearance, how they are used, and their physical and emotional effects. They should be able to identify drug paraphernalia.

Signs, Symptoms, and Stages of Use: This includes not only physical and behavioral signs but also other signs e.g., druggie and satanic slangs, dress, symbols, and methods of concealing use. There are often druggie and satanic symbols drawn in school murals, printed on sweatshirts, on school folders, and in school newspapers.

Special Target Areas: Coaches, band directors, and leaders of other extra-curricular activities need keen awareness to combat substance abuse problems. The comradeship developed in these activities can contribute to a rapid spread of substance abuse. Because students often tend to develop a close relationship with these adult leaders, there is an added responsibility to be a positive role model and a strong enforcer of the rules. The expectations and pressures put on athletes, the need for relaxation, and society's acceptance of professional athletes' usage makes athletes even more vulnerable to use. Often it is the majority of a team or club that are users.

Enabling Behaviors: Personnel must become aware of their own enabling behaviors that prevent the user from experiencing consequences for unacceptable behavior. Enabling prolongs the problem and delays help for the user. Elimination of enabling behaviors also ***prevents*** chemical use and other deviant behaviors. Poor enforcement of rules and non-reporting of violations are two of the most powerful enabling non-actions of school personnel. Some other forms of enabling are poor attendance keeping, allowing a child a second chance to raise a grade, being a poor role model, making special allowances for misbehaviors, etc.

Denial of the Family: To work more effectively with the child and family, school personnel must also be aware of the denial system and the enabling behaviors the parents usually go through. Reporting incidents to the parents even though there appears to be no ***apparent*** concern on the part of the parent is vital. It plays an important role in the long process the parent must go through to come of out of denial or to bring a spouse out of denial.

Siblings and Children of Chemical Users: Children of alcoholics and siblings of users often have problems at school. These children develop "survival behaviors" such as over-achieving, withdrawal, rebelliousness, passivity, etc. to cope with the chaos in their home. Some behaviors may incorrectly suggest chemical use. These children are in great pain, are very vulnerable to use, and need to be identified and referred to help. Elementary school personnel will probably see more of this group of children than children who are actually using.

Alcohol and Drug Abuse Education Program

Many schools are using this program funded by the U.S. Department of Education or similar programs. A team consisting of five to seven school personnel and parents are selected to attend an intensive five day training program to devise a substance abuse prevention action plan for their school. For information contact the U.S. Department of Education Regional Center in your region listed on page 36 in the Resource Section.

Alcohol and Drug Education Curriculum

A substance abuse curriculum may be purchased commercially or a school system may develop its own curriculum. The training of the staff who will teach the material is just as important as the contents. When selecting or developing a curriculum, it is wise to establish a committee of school personnel, a treatment professional, parents, and recovering users to provide input and review.

Curriculum Content: The U.S. Department of Education offers a free book, **Drug Prevention Curricula A Guide to Selection and Implementation** (see Resource Section, page 35), which gives guidelines for all grade levels. The Department will distribute a model curriculum to school systems across the country in 1990. The Department recommends that the following themes should be present at all age levels.

- *"A clear and consistent message that the use of alcohol, tobacco, and other illicit drugs is unhealthy and harmful;*
- *Knowledge of all types of drugs, including what medicines are, why they are used, and who should (or should not) administer them;*
- *The social consequences of substance abuse;*
- *Respect for the laws and values of society;*

- *Promotion of healthy, safe, and responsible attitudes and behavior by correcting mistaken beliefs and assumptions, disarming the sense of personal invulnerability, and building resistance to influences which encourage substance abuse;*

- *Strategies to involve parents, family members, and the community in the effort to prevent use of illicit substances;*

- *Appropriate information on intervention and referral services, plus similar information on contacting responsible adults when help is needed in emergencies; and*

- *Sensitivity to the specific needs of the local school and community in terms of cultural appropriateness and local substance abuse problems."* [6] **Drug Prevention Curricula, A Guide to Selection and Implementation**, U.S. Department of Education.

What to Look for: The message should be no underage use of alcohol and no illegal drug use. See **Evaluation of Drug Literature** in the Resource Section, page 41. Scrutinize carefully the "responsible decision-making and responsible drinking" attitudes in any materials funded by the tobacco and alcohol industries.

Determine the Scope of the Program: Decide if the program will include grades K through 12, if drug education will be taught in a specific class, in homeroom, integrated into all classes, special assemblies, etc. Will it be taught by all teachers, the health teachers, a doctor, a nurse, etc. Will there be a special focus in athletics? Will it be taught once a semester, once a year, ongoing?

Reduce Availability of Alcohol and Other Drugs

Search and Seizure Procedures: For legal protection and safe and legal seizures specially designated persons must be carefully trained. This aspect is a weak link in many school systems' program. The building of good rapport with the police and court system is essential.

Eliminate Sources of Chemicals: Students leaving and returning to school and alumni or other adults who make frequent visits to a school are sometimes distributing drugs. There is often a drug dealer living very close to the school. Close supervision of school grounds, strict visitor procedures, regulations concerning car use by students during the day, and observation of walking routes of students can reduce drugs coming into the school. Careful supervision of school sponsored trips can eliminate a lot of problems. Utilize the 1984 Federal Comprehensive Crime Control Act

which carries a penalty of up to 30 years in prison and $250,000 in fines for adults dealing drugs within 1,000 feet of a school. Many states have enacted a similar law.

Prevent Opportunities for Use: Discontinuing an open campus policy, closing smoking courts, and restricting lunch eating to the cafeteria allows for better grounds control. Banning of beverages from the classrooms and hallways helps to reduce the disguising of alcohol in soft drink glasses, etc.

Reporting Procedures

Eliminate the Flaws from the Reporting System: All school personnel need a clear understanding of the procedures and the responsibility of reporting substance abuse violations, deviant behaviors, and/or decline in academic performance. Methods of attendance keeping and reporting absences seems to be deficient in many schools. The possibility of students intercepting or forging messages to and from parents should be eliminated.

Immunity from Civil Liability and Mandatory Reporting Laws: A state law can protect school personnel from the possibility of a civil law suit when reporting suspected substance abuse. Required reporting of suspected substance abuse can also be mandated by law.

Virginia Teacher Immunity Law

78.01-47. Immunity of school personnel investigating or reporting alcohol or drug use: In addition to any other immunity he may have, any teacher, instructor, principal, school administrator, school coordinator, guidance counselor or any other professional or administrative staff member of any elementary or secondary school, or institution of higher learning who, in good faith with ***reasonable*** cause and without malice, acts to report, investigate or cause any investigation to be made into the activities of any student or students or any other person or persons as they relate to alcohol or drug use or abuse in or related to the school or institution or in connection with any school or institution activity, ***shall be immune from all civil liability*** that might otherwise be incurred or imposed as the result of the making of such a report, investigation or disclosure. Virginia Code 1950, 78:631.1; 1972, c.762; 1977, c.617; 1981.

High Risk Students and Users

Goal Is Early Recognition and Intervention: Through awareness and cooperation of all school personnel, at risk students can be identified before experimentation begins or for a user, before a substance abuse violation occurs. Hopefully, their families can then be directed to the help they need. This category of students is usually having academic and/or behavior problems in more than one class. If there is a reporting system established in which a particular counselor or team receives all reports of concerns of teachers, coaches, bus drivers, etc. the student's problem may be identified sooner. All concerns reported should indicate if a parent was notified and which parent it was. When an intervention seems justified a conference is planned with several school personnel and the parents. If both parents are involved in raising the child, it is essential they both attend so that it is certain they both have heard the problem from the school's viewpoint. The student might be included in this conference or a subsequent one. The school team, parents, and student can then work out a plan, or the family may be referred to professional help.

Parental Reactions: School personnel must understand that if a student is causing disruption at school the same thing is probably occurring at home. Each parent may be in a different stage of denial or awareness of the problem. There may be much parental conflict. A single parent is often overwhelmed by ignorance and lack of support. The school's intervention could be a welcome relief confirming what the parents suspected all along; it sometimes helps to bring a second parent out of denial; or it may appear it had no effect. It will have an effect, but it might not be obvious for a long time since some parents need more crises to bring them to positive action.

Students with Using Parents or Siblings: These students are at very high risk of developing chemical use problems. They may be displaying a variety of problems which could incorrectly indicate chemical use, be withdrawn, or be overachievers. Identification of such students, followed by counseling may prevent use. Alateen meetings can be especially helpful and are in place in some schools.

Treatment of Users

Student Users: It is not the responsibility of the school to be a treatment facility, but to identify users, and attempt to precipitate the family into treatment. The school can serve as a vehicle of early recognition and intervention by providing alternatives in school regulations which encourage choosing treatment, and can provide vital support for those in recovering stages of the disease. The parents must initiate the treatment process.

A support system of adults and peers for recovering users is vital for ongoing recovery. To remain alcohol- and drug-free these students must abandon their drug using friends and make new friends. It is very difficult for them to shed their old image and enter a new peer group. Some schools have arrangements with their county health agencies to provide counseling on campus, have on campus AA or NA meetings or have support group meetings during or after school hours. There are various schools offering school credits for a student's treatment experience.

The support of a staff person who has knowledge of chemical dependency can be an asset to a student's ongoing recovery. Courts may provide on campus probation officer visits for students involved in the court system.

Employee Assistance Program: School employees should be a part of the solution, not a part of the problem. It is estimated that 10% of adults are chemically dependent regardless of their profession. Chemically dependent employees cannot do their own job adequately, and are negative role models. Through an employee assistance program chemically dependent employees can be identified and offered treatment. The employee's continued employment may be determined by participation in a treatment program.

Alcohol- and drug-free Youth Groups

A youth group promoting an alcohol- and drug-free life style can be a very powerful means of reversing peer pressure. Before undertaking the sponsorship of such a group, school personnel should first be very aware and able to identify chemical use, and be certain that the group maintains a "no use" philosophy rather than a "responsible use" philosophy. The "responsible use" philosophy implies that it is all right for adolescents to drink if they don't drive. Parents and school personnel often rationalize that "at least it's a step in the right direction and it is saving lives." In reality it is another adult giving mixed messages and condoning health damaging illegal actions. The National Federations of Parents, PRIDE, Inc. and Youth to Youth (see Resource Section) have training manuals and offer workshops for young people which follow the "no use" philosophy. "Just Say No" Clubs sponsored by the Optimist clubs are excellent activities to promote in elementary and junior high schools.

Students Helping Students

Peer Counseling: Carefully selected students are given special training in listening skills etc. to provide troubled students with someone their own age to talk to. This type of a program needs to be approached with great caution. Peer counselors need extremely careful screening regarding their attitudes and their own use of alcohol and other drugs. A concern is that a peer counselor may serve as an enabler of use rather than as an intervention agent. Reporting of use and confidentiality responsibilities need careful clarification.

Students Teaching Younger Students: High school students teach drug education, and do skits or puppet shows demonstrating ways to say "no" etc. to elementary students. This seems to be very beneficial for the older and younger students. Again these students need extremely careful screening regarding their attitudes and their own use of alcohol and other drugs. Often these students are involved in an alcohol- and drug-free youth group.

Parent Awareness and Involvement

Parent Groups: The school system can initiate and/or support the formation of a parent group or a PTA substance abuse committee in its schools. The parent group concept and possible activities are described in detail in **KIDS & DRUGS**. These groups can work with school personnel to present awareness programs for parents, support the school policies, recruit parents for volunteer work, or initiate self-help support groups for troubled parents.

Parent Volunteers: A large force of visible parent volunteers at school gives a message of care and concern to students. Volunteers may be used to assist with attendance keeping, notification of parents, supervision of school grounds, checking for unauthorized vehicles, monitoring restrooms and other places where drug use is common and to serve as chaperones at dances, etc. Senior citizens may also be a volunteer resource.

IMPLEMENTATION OF THE PROGRAM

The entire school staff will need in-service training on a regular basis to inform them of the total program and any changes made over time. Students should receive verbal instruction and printed copies of regulations, rights, and responsibilities. Parents need printed copies of the regulations and information on new programs as they apply to parents. Media publicity can confirm the school's commitment to the program.

5 THE FAIRFAX COUNTY STORY

PARENTS' CONCERN LEADS TO CHANGE

In April of 1980 our newly formed parent group, PANDAA (Parents' Association to Neutralize Drug and Alcohol Abuse, Inc.), began to try to eliminate drugs from our local high school. Soon parent groups formed in some of our other 23 high schools. For three years we worked in our individual schools and with the Substance Abuse Prevention Office, but saw little progress. During that time of frustration we gained a lot of needed knowledge from our children in treatment and community support. Finally, it became obvious that the changes we wanted could happen only if a program was established for the ***total*** school system.

The children in treatment were anxious to help us. Students from nine different schools wrote stories about their drug use in school. In March, 1983, the student's stories, a set of recommendations, and a request for a meeting were sent to the school superintendent. The stories were published in the PANDAA Newsletter which was sent to 2,000 people including local politicians and the media. In the newsletter we asked parents to write letters to the school superintendent, their school board representative, and county government officials. The superintendent responded and a meeting was set up. Thirty-six parents and children attended the meeting. Each person was allowed to speak for three minutes.

The superintendent appointed a task force composed of 18 people, nine school personnel, three PTA representatives, two parent group representatives, a narcotics agent, and one person each from the American Association of University Women, the League of Women Voters, and the National Association for the Advancement of Colored People. Of the 18 members, only two of us believed the problem was as serious as the kids had told us. PANDAA's most difficult task was gaining permission to have the kids and their parents testify before the task force. Our request was finally granted after a plea to members for more letters and a visit to a county politician. Recovering students and parents selected by PANDAA and non-using students selected by the school administration spoke before the task force. Their stories matched! They all told of use during school, in athletics, and in other extracurricular activities. A last minute bonus came for us when a local pediatrician who had done a survey in his upper middle class practice asked to speak to the task force.

The entire task force became convinced of the extent of the problem. A tremendous spirit of cooperation and commitment within the task force and between the task force and the school administration instantly emerged.

Twenty-nine recommendations were drafted. The school administration and legal staff translated the package into proper legal language still preserving the original intentions of the document. Recommendations which did not require school board approval were immediately enacted. We launched another letter writing campaign and recruited speakers for the school board hearing. Several school board members attempted unsuccessfully to water down some of the proposals. The regulations were passed as the task force requested.

In March 1984, four years after our first meeting with our school principal and one year after our first meeting with the school superintendent the program was presented at the White House and lauded as an example for the nation.

THE FAIRFAX COUNTY PROGRAM

Administration of the Program

Substance Abuse Prevention Office: The staff consists of two substance abuse specialists and one secretary. Seven counselors and outreach people funded by other county agencies and the American Lung Association assist with school and community education and counseling programs. Staff in-service education, curriculum development and implementation, coordination of the school teams, and community involved programs are the responsibility of this office.

The Individual School: The principal is accountable to the Area Superintendent who is accountable to the Superintendent for the enforcement of the school regulations. Each high school employs two awareness aides who patrol school grounds for smoking and loitering and teach classes to those violating the no tobacco rule. Each high school has a security guard who supervises the awareness aides, is in charge of the school grounds, is specially trained and responsible for search and seizure procedures, and serves as a liaison with the police and courts. All high schools and junior high schools have a specially trained school team usually consisting of the principal, a counselor, two teachers, and two parents. Each junior high and high school has a special substance abuse representative who is also a member of the school team and attends monthly seminars on special aspects of substance abuse at the Substance Abuse Prevention Office. Each team develops its own action plan and coordinates with the Substance Abuse Prevention Office in the implementation of the plan.

Notification of the Revised Regulations

Upon initiation of the program there was wide media coverage of the task force operation, the revised regulations, and the inservice seminars. Extensive efforts were made to notify students, staff, parents, and the community of the regulations and the school system's intention of enforcing them. Regulations were printed in the Superintendent's newsletter to all parents, and included with report cards. All students and staff received printed regulation cards (available in many languages) accompanied by oral instruction. These notifications of the regulations are repeated every semester.

The Program

Policies and Regulations: When considering the consequences for the first substance abuse violation, the goal of the task force was to facilitate treatment by raising parental awareness, and to give a strong "no use" message to all students. It was felt that parents would take the situation more seriously if they had to deal with an out-of-school suspension as opposed to in-school suspension. Furthermore, the requirement of parental attendance at a substance abuse education series to avoid the student's failure of that quarter would tend to encourage the parents to deal more realistically with the problem. Because of the discovery of widespread use in athletics and other school activities, a 30 calendar day suspension from athletics and other outside activities was added. Drug paraphernalia was included in the definition of substance abuse. A no tobacco use policy was established. The number of unexcused class cuts allowed were reduced. Attendance keeping procedures were improved.

Education of School Personnel: Inservice education on the effects of drugs and the recognition of signs and symptoms are done regularly for any school personnel who come in contact with children. This includes secretaries, bus drivers, custodians, etc. There is special emphasis on the school personnel's role modeling responsibilities.

Substance Abuse Curriculum: The curriculum includes grades K through 10. In elementary schools the classroom teacher usually teaches substance abuse. There is much emphasis on good health, developing decision making skills and coping skills, and building self-esteem. In the upper grades it is taught by a specially trained health teacher. Students from grades 7 to 10 receive a student handbook on substance abuse. The faculty received inservice training for the use of the handbook.

Reducing Availability of Chemicals: Consumption of beverages in the classroom by students and teachers was banned and restricted to designated areas. Supervision of school grounds and auto use was intensified. Specific

administrative personnel are regularly trained in search and seizure procedures.

Special Programs: Each school team develops its own specialized programs for prevention, identification and intervention of high risk students and users, and support programs for recovering users. In the area of prevention they may have big brother/big sister clubs for new students, peer counseling, alcohol- and drug-free youth groups, etc. Some schools have a "Non-discipline Referral Program" in which a specific counselor receives and evaluates any concerns about a student expressed by any school person to facilitate recognition of a problem and parental involvement before a substance abuse problem begins or before a violation occurs. A number of schools have support groups for recovering users.

Parental Education and Involvement: A parent handbook on substance abuse is distributed at parent meetings during the year. Most schools have an annual substance abuse awareness meeting. Parent volunteerism has been a key factor in upgrading attendance keeping procedures. Formation of parent groups are encouraged and supported.

Evaluation

Many Changes Have Occurred: The school atmosphere changed from chaos to one of order that is conducive to learning. SAT scores have gone up, attendance has improved significantly, and vandalism has decreased. The police and courts report a decrease in juvenile alcohol and drug related incidents. Treatment centers have expanded, new ones have opened, and many now have a waiting list.

Use Is Being Recognized: During the 1985/86 school year there were 559 suspensions, mostly for substance abuse violations. Attendance with parents at the special education program was the choice of 426 offenders. Immediate treatment was sought by 61, and nine withdrew from school. The School Board expelled 13 students for distribution or for a second violation. During the ten years prior to the new program there were no expulsions for substance abuse.

Regulations Have Been Challenged Several Times: Each challenge has been upheld. This is attributed to careful legal wording of the regulations and thorough training in search and seizure procedures.

Long Term Effectiveness: The program works if the superintendent and administrators are dedicated to it. The frequent turnover of teachers and administrators necessitates repeated inservice training of staff. The community must be the watchdog and demand that the rules that are now in place are enforced when the system breaks down.

Fairfax County Public Schools
SUBSTANCE ABUSE, WEAPONS AND ATTENDANCE REGULATIONS
as revised August 1988

Regulation 2150.1 establishes procedures for identifying and handling drug abuse in the schools. It includes the following sections:

I. Definition of Substance Abuse in Fairfax County Public Schools

A. Use, possession, distribution, intent to sell, selling, attempting to sell, or being under the influence of a controlled substance, marijuana, illegal drugs or intoxicants, including alcohol, on school property or while engaged in or attending a school activity, or in any manner so as to endanger the well-being of students or staff.

B. Being present upon school grounds within a reasonable time after having consumed or used a controlled substance, marijuana, illegal drugs or intoxicants, including alcohol.

C. Possession or distribution of "imitation controlled substances" which by dosage unit appearance, including color, shape, size, and markings, or by representations made, would lead a reasonable person to believe that the substance is a controlled substance.

D. The use, possession, distribution, intent to sell, selling, attempting to sell drug paraphernalia on school property or while engaged in or attending a school activity, or in any manner so as to endanger the well-being of students or staff. Drug paraphernalia means all equipment, products, and materials of any kind including the constituent parts thereof that are either designed for use or which are intended by the student for use in packaging, repackaging, storing, containing, concealing, injecting, ingesting, inhaling, or otherwise introducing into the human body marijuana or a controlled substance. Drug paraphernalia shall include, but not be limited to, those things defined in Section 18.2-265.1 of the Code of Virginia.

II. Procedures for Handling Actual Substance Abuse Violations

A. The first violation shall result in a minimum out-of-school suspension for five school days and suspension for 30 calendar days from all school activities (teams, clubs, and all other school-sponsored student activities). The five days of out-of-school suspension shall be excused absences and make-up work shall be provided by the school during the period of the suspension if the student and his or her parent or legal guardian agree to and subsequently participate satisfactorily in an appropriate substance abuse prevention follow-up activity (which may be an in-school program) designated by the school principal. If the student and his or her parent or legal guardian fail to participate satisfactorily in the substance abuse prevention follow-up activity designated by the principal, the five days of out-of-school suspension shall be unexcused absences and no credit shall be

given for the work missed, and the student would therefore receive a failing grade for each class for the quarter.

B. The principal or principal's designee shall immediately notify the parents or guardians of the suspension, the conditions for readmittance, the fact that the absences will be excused if the student and his or her parent or legal guardian participate satisfactorily in a designated follow-up activity, that all substance abuse violations are reported to the police, and the consequences of further violations. The student and parent or legal guardian will be requested to sign a statement that they have been informed of the consequences of any subsequent violations.

C. The principal or principal's designee shall report the violation to the Fairfax County Police Department. In instances where material is found that is suspected of being a controlled substance, it shall be turned over to the Police Department.

D. A second violation and any subsequent violation shall result in an out-of-school suspension for ten school days and suspension from all school activities (teams, clubs, and all other school-sponsored student activities) for the remainder of the school year. The principal may recommend an additional period of suspension or expulsion from school. In addition, a request shall be made to the area office that a hearing be held with the area superintendent or the area superintendent's designee who shall require participation in appropriate substance abuse follow-up activities. The ten days of absence shall be unexcused absences, and no make-up work shall be provided. The student would therefore receive a failing grade in each class for the quarter in which the suspension begins.

E. The principal shall immediately effect an out-of-school suspension for ten school days and shall recommend expulsion from school for a student found distributing, intending to sell, selling, or attempting to sell marijuana, any controlled substance, illegal drugs, intoxicants including alcohol, imitation controlled substances, drug paraphernalia as defined in this regulation, or any substance represented to be marijuana, a controlled substance, an illegal drug, an intoxicant, an alcoholic beverage, other drug, or drug paraphernalia as defined in this regulation on school property or while engaged in or attending a school activity, or in any manner so as to endanger the well-being of students or staff. The ten days of suspension shall be unexcused absences, and no make-up work shall be provided. The student would therefore receive a failing grade in each class for the quarter in which the suspension begins.

Note: Expulsion is the permanent denial of access to the Fairfax County Public Schools.

Attendance: Regulation 2242 establishes procedures for handling student absences. Sections B, D, and E reflect the number of unexcused absences a student may accrue before forfeiting credit in class for the quarter from five to three as follows:

B. For purposes of credit and grading, reasons for excused absences include: illness of the student, death in the family, doctor's or dentist's appointment,

observance of a religious holiday, suspension except for certain substance abuse violations as provided in Regulation 2150.1, approved prearranged absence, or other reasons acceptable to the principal or designee.

D. Every effort shall be made to notify the parent by phone when an unexcused absence has occurred. On the second unexcused absence for a class or classes, the parent shall be notified and a conference shall be requested. Credit for the class or classes will be withheld until the conference is completed.

E. On the third unexcused absence in the same quarter, the student shall forfeit credit (receive an "F") for the quarter for the class/classes missed.

Any exception to this regulation will require the principal's approval.

Weapons: Regulation 2610.3 defines those instances in which a student may be disciplined, establishes procedures governing exclusion (suspension or expulsion) of students from school, and outlines appeal procedures. Roman Numeral II, Section H of this regulation provides a definition of weapons and outlines procedures for handling actual weapons violations.

H. Unauthorized use or possession of any firearm, knife, or other weapon on or near school property, including the use or possession of explosives including fireworks.

1. Weapons include, but are not limited to, any gun or object designed to propel a missile; any bowie knife, switchblade knife, razor, or slingshot; any flailing instrument consisting of two or more rigid parts which can be swung freely (such as a nun-chuck or fighting chain); any object with points or pointed blades; or any object used with the intent of threatening or harming an individual on or near schools grounds.

2. For unauthorized use or possession of a gun, or unauthorized use of any weapon, a principal will suspend a student from school for ten days (out of school) and may recommend expulsion from school. A principal may suspend a student and recommend expulsion in any situation involving unauthorized possession of a weapon.

These regulations have been reprinted with permission.

For more information on the Fairfax County Public School System's Substance Abuse Prevention Program contact Coordinator of the Substance Abuse Office, Devonshire Center, 2831 Graham Rd., Falls Church VA 22042, (703) 876-5246.

SUMMING IT UP

Drug use among adolescents is widespread. Schools are particularly vulnerable to the effects of drug use because children spend large blocks of time at school. Users display disruptive and rebellious behavior not only when they are high but also when they are ***not*** high. Thus, even users who do not use at school affect the classroom environment and obstruct learning for everyone in the room. Furthermore, they may also pressure others to use. Children do not begin use at school. Those who use at school are usually in an advanced stage of use and need help.

It is the school's responsibility to provide an alcohol- and drug-free environment conducive to learning, and to attempt to identify users and direct their families to help. Although this is a very difficult task, it can be done through a rigorous program with a no-nonsense approach by the entire school system. Strong parental support will enhance the success of the program.

This generation of children can be saved if we all work together, take risks, and be unpopular with the kids for a short time. They are worth it. If we are not a part of the solution, we are a part of the problem.

REFERENCES

1. Hawley, Richard A., **A School Answers Back: Responding to Student Drug Use**, The American Council on Drug Education, Rockville, MD, 1984.
2. Mann, Peggy, **Marijuana Alert**, McGraw-Hill Book Co., New York, 1985.
3. Anderson, Gary L., **Enabling in the School Setting**, Johnson Institute, Minneapolis, MN, 1988.
4. Anderson, Gary L., **Solving Alcohol/Drug Problems in Your School Why Student Assistance Programs Work**, Johnson Institute, Minneapolis, MN, 1988.
5. U.S. Department of Education, **Schools Without Drugs**, U.S. Government Printing Office, Washington, D.C., 1989.
6. U.S. Department of Education, **Drug Prevention Curricula, A Guide to Selection and Implementation**, U.S. Government Printing Office, Washington, D.C., 1988.

RESOURCE SECTION

RESOURCES FOR DEVELOPMENT OF PROGRAMS

Schools Without Drugs, U.S. Department of Education, 1989, 87 pages. Covers the drugs, the disease, prevention, and legal aspects of policy development, enforcement and search/seizure procedures for schools. ***FREE***, Call 1-800-624-0100.

Drug Prevention Curricula, A Guide to Selection and Implementation, U.S. Department of Education, 1988, 65 pages. ***FREE*** - You may request up to 25 copies, Contact NCADI, P.O. Box 2345, Rockville, MD. 20852, (301) 468-2600.

Profiles of Successful Drug Prevention Programs. Program descriptions of 25 schools who were given awards for their programs. Drug-Free Schools Recognition Program, U.S. Department of Education, 400 Maryland Ave S.W., Washington D.C. 20208-5645. (202) 357-6134.

Enabling in the School Setting,[4] Gary L. Anderson, 1988, 40 pages. Explains denial and enabling by school personnel and parents and how to stop it. Johnson Institute: 1-800-231-5165, ISBN 0-935908-43-9, $2.75.

Solving Alcohol/Drug Problems in Your School Why Student Assistance Programs Work,[4] Gary L. Anderson, 1988, 32 pages. Explains what kinds of programs have not worked, and the components of successful programs. Johnson Institute: 1-800-231-5165, ISBN 0-935908-44-7, $2.50.

A School Answers Back: Responding to Student Drug Use, Richard A. Hawley, 1984, 145 pages. The American Council on Drug Education, Rockville, MD, 204 Monroe St., Rockville, MD 20850, (301) 294-0600, ISBN 83-073198, $5.00.

MATERIALS ON LEGAL ISSUES

American Public School Law, Kern Alexander, 2nd ed., 1985, St. Paul, MN, West Publishing Co.

Education Law, J.A. Rapp, 1988, A comprehensive, frequently updated, four-volume, looseleaf treatise on all issues of education law. New York, NY.

The Journal of Law and Education: It includes articles on education issues and a section on recent developments in the law. Published quarterly by Jefferson Law Book Company, P.O. Box 1936, Cincinnati, OH 45201-1936.

National Organization on Legal Problems of Education (NOLPE): A nonprofit, nonadvocacy organization that disseminates information about current issues in school law. It publishes newsletters, serials, books, and monographs on a variety of school law topics; hosts seminars; and serves as a clearinghouse on education law. 3601 SW 29th Street, Suite 223, Topeka, KS 66614, (913) 273-3550.

Council of School Attorneys, National School Boards Association (NSABA): It provides a national forum on the practical legal problems faced by local public school districts and the attorneys who serve them. NSBA conducts programs and seminars and publishes monographs on a wide range of legal issues. 1680 Duke St., Alexandria, VA 22314, (703) 838-NSBA.

SCHOOL RESOURCES

Private Organizations

These organizations offer consultation services, surveys, workshops, seminars, manuals, books, literature and films etc. for programs in schools, athletics, businesses and communities:

American Council on Drug Education (ACDE), 204 Monroe St., Rockville, MD 20850, (301) 294-0600.

Narcotics Education, Inc., 12501 Old Columbia Pike, Silver Spring, MD, 20904, 1-800-548-8700.

Hazelden Continuing Education Center, Box 11, Center City, MN 55012, 1-800-822-0080.

Johnson Institute, Inc., 7151 Metro Blvd., Minneapolis, MN 55435, 1-800-231-5165, (in Minnesota - 1-800-247-0484).

Community Intervention, Inc., 529 South 7th St., Suite 570, Minneapolis, MN 55415, 1-800-328-0417, (in Minnesota 612-332-6537).

National Association for Children of Alcoholics (NACoA), 31582 Coast Highway, Suite B, South Laguna, CA 92677, (714) 499-3889.

U.S. Department of Education Resources

The following five centers (1) train school personnel; (2) assist state education agencies in coordinating and strengthening local programs; (3) assist local agencies and post secondary institutions in developing training programs; (4) evaluate and disseminate information on successful prevention programs:

Northeast Regional Center
Super Teams, Ltd.
12 Overton Ave.
Sayville, NY 11782
(516) 589-7022

Includes Connecticut, Delaware, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont.

Southeast Regional Center
PRIDE, Inc.
Hurt Building, Suite 210
50 Hurt Plaza
Atlanta, GA 30303
(404) 688-9227

Includes Alabama, District of Columbia, Florida, Georgia, Kentucky, North Carolina, Puerto Rico, South Carolina, Tennessee, Virginia, Virgin Islands, West Virginia.

Midwest Regional Center
BRASS Foundation
2 North Riverside Plaza, No. 821
Chicago, IL 60606
(312) 324-9500

Includes Indiana, Illinois, Iowa, Michigan, Minnesota, Missouri, Nebraska, North Dakota, South Dakota, Wisconsin.

Southwest Regional Center
University of Oklahoma
555 Constitution Avenue
Norman, OK 73037
(405) 325-1711

Includes Arizona, Arkansas, Colorado, Kansas, Louisiana, Mississippi, New Mexico, Oklahoma, Texas, Utah.

Western Regional Center
N.W. Regional Education Lab
101 S.W. Main St., Suite 500
Portland, OR 97204
(503) 275-9500

Includes Alaska, American Samoa, California, Guam, Hawaii, Idaho, Montana, Nevada, Northern Marianas, Oregon, Trust Territory of the Pacific Islands, Washington, Wyoming.

Schools Without Drugs: The Challenge - A network for schools.
400 Maryland Ave. S.W.
Washington, D.C. 20202
(202) 357-6265

Network of Colleges and Universities Committed to the Elimination of Drug and Alcohol Abuse:
U.S. Department of Education
Washington, D.C. 20208-5644
(202) 357-6265

BEST COPY AVAILABLE

COMMUNITY ACTION RESOURCES

Parents' Resource Institute for Drug Education, Inc. (PRIDE): National resource, information, center; offers consultant services to parent groups, school personnel, and youth groups; and **offers a student drug use survey with a national data base**. Conducts an annual international conference. Publishes a newsletter, youth group handbook, and many other publications. Sells and/or rents books, films, videos, slide-shows, etc. Membership, $20.00. Write to PRIDE, the Hurt Building, Suite 210, 50 Hurt Plaza, Atlanta, GA 30303, 1-800-241-7946.

Committees of Correspondence, Inc.: Publishes informative newsletter and emergency news flashes on issues which need letters from the public. Sells excellent resource manual ($18.00), books, pamphlets and videos. Membership, $20.00. Write to CC, 57 Conant St., Rm. 113, Danvers MA 01923, (508) 774-2641.

Families in Action: Maintains a drug information center with over 100,000 documents. Publishes Drug Abuse Update, a 24-page newsletter containing abstracts of articles published in medical and academic journals and newspapers throughout the country; $25.00/4 issues. Write to FIA, 2296 Henderson Mill Rd., Suite 204, Atlanta, GA 30345, (404) 934-6364.

National Federation of Parents for Drug-Free Youth (NFP): A national "umbrella organization" which assists in the formation and networking of parent groups in every state. Offers workshops and a Training Manual for Drug-Free Youth Groups. Membership: youth, $10.00, adult, $15.00; group, $100.00. Write to NFP, 1423 N. Jefferson, Springfield, MO 65802, (414) 836-3709.

TOUGHLOVE: Free self-help program and crisis-intervention program, which has structured group meetings to support parents and spouses in demanding responsible cooperation from out-of-control family members. This non-profit organization was founded by Phyllis and David York, certified drug and alcohol counselors, who developed the TOUGHLOVE program after experiencing out-of-control children in their own family. There are over 1500 groups. Training workshops and seminars are conducted throughout the country. TOUGHLOVE publishes a newsletter, books and a "how to" manual for starting a group. Write to TOUGHLOVE, P.O. Box 1069, Doylestown, PA 18909, (215) 348-7090.

Youth to Youth: National alcohol- and drug-free youth group which sponsors workshops and conferences across the country for kids and adults. Write to YTY, 700 Bryden Rd., Columbus, OH 43215, (614) 224-4506.

Campuses Without Drugs: College campus chapters create a visible gathering place on campus for anti-drug activities. Offers drug education materials, speakers bureau, and newsletter. Membership: student, $10.00; adults, $20.00. Write to CWC, 2530 Holly Dr., Pittsburgh, PA 15235, (412) 731-8019.

U.S. National Clearinghouse for Alcohol and Drug Information: Request to be put on mailing list for new publications listings. Single copies free; parent groups may get free materials for distribution. Supplies and other assistance also available from your NCADI sponsored State RADAR Network. Contact NCADI for your RADAR location, P.O. Box 2345, Rockville, MD. 20852, (301) 468-2600.

READING LIST

KIDS & DRUGS A Handbook for Parents and Professionals, Joyce M. Tobias, R.N., 1989, 126 pages. Recommended by the U.S. Department of Education. It includes the evolution of the drug culture, stages of chemical use, treatment, alcohol and other mind-altering drugs, prevention, and formation of parent groups. Panda Press, ISBN 0-9616700-3-7, $6.00, order form on page 42.

Growing Up Drug Free: A Parent's Guide to Prevention, The U.S. Department of Education, 1989, 52 pages. It gives parenting and prevention tips for children of all ages, drug information, and many resources for information and help. ***FREE***, Bulk quantities available. Call 1-800-624-0100; in the Washington, D.C. area, 732-3672, or write to Growing Up Drug Free, Pueblo, CO 81009, or U.S. National Clearinghouse for Alcohol and Drug Information: P.O. Box 2345, Rockville, MD. 20852, (301) 468-2600.

Getting Tough On Gateway Drugs,[2,3,5] Robert DuPont, Jr., M.D., 1984, 330 pages. Presents the drug problem, the drug dependence syndrome, the gateway drugs (alcohol, marijuana, and cocaine), and how families can prevent and treat drug problems. This psychiatrist gives parents excellent support in implementing tough love techniques for users under and over 18 years. American Psychiatric Press, Inc., Washington, D.C. ISBN 0-88048-046-7, $7.95.

Drugs, Drinking and Adolescents, Donald I. Macdonald, M.D., 1984, 200 pages. Describes the stages of drug involvement, the drugs, diagnosis and treatment. The pediatrician author, who experienced the problem in his own family, addresses professionals and parents. Year Book Publishers, 35 East Wacker Dr., Chicago, IL 60601. Call 800-622-5410. ISBN 0-8151-5810-6, $19.95.

Choices and Consequences: What to Do When a Teenager Uses Alcohol/Drugs,[4] Dick Schaefer, 1987, 155 pages. Teaches parents how to recognize and intervene in teenage chemical dependency, clearly describes different approaches for teens verses adults. ISBN 0-935908-42-0, $9.95.

Parenting for Prevention, How to Raise a Child to Say No to Alcohol/Drugs,[4] David J. Wilmes, 1988, 135 pages. An excellent resource explaining enabling, eliminating it, and teaching lifeskills. ISBN 0-935908-46-3, $8.95.

Intervention: How to Help Someone Who Doesn't Want Help,[4,5] Vernon Johnson, 1986, 116 pages. Gives a plan for a caring and loving confrontation of the alcoholic with the goal of treatment. ISBN 0-935908-31-5, $8.95.

Not My Kid,[2] Beth Polson & Miller Newton, Ph.D., 1984, 224 pages. A parent's guide to prevention, recognition, and treatment of adolescent chemical use, especially strong on recognition of a problem with many personal stories. Avon Paperback Books, #69997-4, $2.95.

Toughlove:[1] Phyllis & David York and Ted Wachtel, 1982, 240 pages. The Yorks promote a workable, functioning family by refusing to use blame, sharing feelings as well as responsibilities, working within the family's financial resources, accountability for behavior, taking a stand and using the support of other parents. Bantam Books, ISBN, 0-553-26783-3, $4.50.

Raising Drug-Free Kids in a Drug-Filled World,[5] William Perkins & Nancy McMurtrie-Perkins, 1986, 96 pages. Written from personal experience on how to cope with kids before, during and after addictive drug use. ISBN 0-89486-316-9, $6.95.

What, When & How to Talk to Children about Alcohol and Other Drugs,[5] Gail Gleason Milgram, 1983, 87 pages. Especially good on communication skills between the generations. ISBN 0-89486-189-1, $5.95.

Let's Help Our Youth Choose Drug Free Lives,[6] Shelda Longerbeam and JoAnn Whitacre, 1984, 52 pages. A parent guide written by parents who founded a very successful parent group. $3.50, discounts for bulk orders.

Broken Heart - Whole Heart, Pecki Sherman & Virginia Newlin, 1989, 185 pages. A mother's story of her family's interactions and coping techniques during a long journey to find treatment for their drug-involved son. Hampshire Books, 1300 Weathervan Lane, #223, Akron, OH 44313, ISBN 1-877674-01-X, $9.95.

Codependent No More,[1,5] Melody Beattie, 1987, 208 pages. Ms. Beattie explains what codependency is, is not, who has it and how to move beyond it. ISBN 0-89486-402-5, $8.95.

Different Like Me, A Book for Teens Who Worry about Their Parents' Use of Alcohol/Drugs,[4] Evelyn Letite & Pamela Espeland, 1987, 120 pages. Gives teens a plan on how to live a fulfilling life when there is a parent who drinks too much. ISBN 0-935908-34-X, $6.95.

It Will Never Happen to Me,[5] Claudia Black, 1980, 183 pages. This book can lead to self-discovery and healing not only for the children of alcoholics, but for any children of families in serious trouble. ISBN 0-910233-00-9, $7.95.

Adult Children of Alcoholics,[5] Janet Woititz, 1983, 106 pages. The roles children in alcoholic homes take on is explained and how they can change. The children of "adult children" is another topic discussed. ISBN 0-932194-15-X, $6.95.

Under the Influence, A Guide to the Myths and Realities of Alcoholism,[1] James R. Milam and Katherine Ketcham, 1981, 237 pages. Gives new insights on the physiological aspects of alcoholism, treatment programs, and the role of nutrition in recovery. Bantam Books, Inc., ISBN 0-553-26758-2, $4.50.

Marijuana Alert,[2,3,7] Peggy Mann, 1985, 526 pages. A book about marijuana, the crisis, health hazards, and what is being done by parent groups, industry, and the government. ISBN 0-07-039906-9, $10.95.

The Sad Story of Mary Wanna or How Marijuana Harms You,[7] Peggy Mann, 1988. A 40 page booklet for grade school children to use individually, or as part of a school curriculum. $3.95. Teacher's Guide ($4.50) and Student Activity Book ($2.50) also available. Volume discounts available.

Keep off the Grass,[2,3] Gabriel G. Nahas, M.D., Ph.D., 259 pages. For teens and adults, a very distinguished scientist explains the effects of marijuana. $8.95.

800-Cocaine,[2,3,5] Mark S. Gold, M.D., 1984, 98 pages. Written by the founder of the 800-Cocaine Helpline, it tells all you need to know about cocaine and crack/cocaine. ISBN 0-553-34388-2, $3.50.

Courts & Drugs, A Court Watch Handbook for Citizens, Patricia R. Smith, 1986, 30 pages. Handbook which contains all the information needed for monitoring (court watching) felony drug cases. It gives suggestions for setting up a Court Watch Program. Court procedures are described and an extensive glossary of legal terms is included. Panda Press, ISBN 0-9616700-2-9, $3.00, order form on page 42.

Other Resources

Marijuana Alert: Slides from Scientists[7] - Slides show normal and pot-damaged cells, chromosomes, lung tissue, immune system cells, sperm, etc. A 40-minute audio cassette by Peggy Mann explains slides. $37.95 (31 Slides).

Marijuana: Myths and Misconceptions[2] - Appropriate for teens and adults, this 90-minute video by researcher, Dr. Robert Gilkeson, reviews the effects of drugs on the brain cells. It can be broken up into four 22-minute teaching sessions. Teacher's guide included. $400.

We Can Move the Mountains[6] - Video depicts how a community mobilized to deal with the problems of alcohol and other drugs and their harmful effects on young people, showing active participation from schools, treatment programs, law enforcement, civic organizations, churches, parents, and youth. $49.95 (20 minutes).

The Honor of All - Video which tells the true story of how an American Indian community decreased its alcoholism rate from 100% to 5%. Phil Lucas Productions, P.O. Box 1218, Issaquah, WA 98027, (206) 392-9482. (57 minutes)

Alco-Screen - A simple dip stick indicates the amount of alcohol in saliva by changing color. Can be used at home. Chem-Elec, Inc., P.O. Box 372, North Webster, IN 46555, (219) 834-4080, box of 25 sticks-$18.75.

The Rapid Eye Test to Detect Drug Influence, Forrest S. Tennant, M.D., Dr. P.H. Book instructs a parent or a professional to detect drug use by observing signs in the eye. Veract, Inc., 338 S. Glendora Ave., West Covina, CA 91790, 1-800-624-4540 or 1-800-821-0775 in California, $18.00.

Footnoted books and resources available from:

1. ***Book stores and public libraries***
2. ***Committees of Correspondence***: (617) 774-2641
3. ***Narcotics Education***: 1-800-548-8700
4. ***Johnson Institute***: 1-800-231-5165
5. ***Hazelden***: 800-328-9000
6. ***Kids Are Our Concern***: (703) 667-8365
7. ***Woodmere Press***: (212) 678-7839

FREE CATALOGUES

Offer many self-help, AA, Al-Anon and educational publications.

Hazelden: 800-328-9000
Johnson Institute: 1-800-231-5165
Narcotics Education: 1-800-548-8700
Community Intervention: 1-800-328-0417

EVALUATION OF DRUG LITERATURE

Terminology Recommended by the U.S. Office of Substance Abuse Prevention (OSAP)

Watch for these terms in literature being evaluated.

1. "Mood-altering drugs" is a mild and inaccurate description of the powerful effect that drugs have on the mind. The phrase, "mind-altering," is preferred.

2. To emphasize that alcohol is a drug it is suggested that the phrase "alcohol and other drugs" be used instead of "substance abuse." Thus, it is stressed that alcohol should also be recognized as a drug.

3. Since all illicit drugs are harmful, drugs should not be referred to as "hard, soft, good, or bad" drugs. All drugs can and do cause damage to consumers.

4. "Use" is being used more in place of "abuse." This phrase includes the problems that result from ***any*** alcohol and other drug use, as well as excessive use. There is no "recreational" or "responsible" use of illicit drugs. There is no responsible use of alcohol for anyone under the legal drinking age.

5. Alcohol and other drug use does not result in traffic "accidents," it results in "crashes." The term "accident" refers to a consequence that could not have been avoided.

Research References

Material should include research references from the 1980's. Health consequences of use should be clear. The increased potency of today's marijuana and the devastating effects of cocaine need emphasis.

Pro-drug Literature

Much pro-drug literature is written by college professors who are members of pro-drug organizations, such as NORML, The National Organization for the Reform of Marijuana Laws. Other organizations whose literature should be carefully scrutinized include Do It Now Foundation, Up Front, Wisconsin Clearinghouse, and Minnesota Prevention Resource Center. The literature will often portray alcohol, nicotine and caffeine as being more harmful than the other drugs, and talk about how to use other drugs safely, recreationally, responsibly or in moderation.

When selecting materials check them out with the U.S. Department of Education, the Committees of Correspondence, PRIDE, Inc., or the National Federation of Parents.

NATIONAL HOTLINES

1-800-241-7946 - Pride Info. Line
1-800-COCAINE - Cocaine Hotline
1-800-662-HELP - NIDA
1-800-ALCOHOL - Alcohol Hotline
1-800 BAD-WEED - Report marijuana growing

Order Form for Books & PANDAA Newsletter

KIDS & DRUGS by Joyce M. Tobias, R.N. A 126 page handbook for parents and professionals that includes the drug culture, stages of chemical use, treatment, alcohol and other mind-altering drugs, prevention, and formation of parent groups.

SCHOOLS & DRUGS by Joyce M. Tobias, R.N. A 30 page handbook for parents and educators which describes alcohol and drug use in schools, what can be done about it, and programs and regulations which have been initiated in a school system.

COURTS & DRUGS by Patricia R. Smith. A 30 page handbook which contains all the information needed for monitoring (court watching) felony drug cases. It gives suggestions for setting up a Court Watch Program, describes court procedures, and has an extensive glossary of legal terms.

PANDAA Newsletter - 12 page educational newsletter published 4 time a year.

KIDS & DRUGS
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Joyce Tobias is a graduate of St. Mary's School of Nursing in Rochester, Minn. She resides in Annandale, Virginia with her husband, Tom. They are the parents of seven children.

In 1980 Joyce founded the Parents' Association to Neutralize Drug and Alcohol Abuse, Inc. (PANDAA) in response to a drug problem in her family. In 1983 she organized efforts to establish a comprehensive substance abuse prevention program in the public school system of Fairfax County, VA. The program was presented at the White House and praised as a model for the nation by Mrs. Nancy Reagan.

Besides **SCHOOLS & DRUGS**, she has also written **KIDS & DRUGS A Handbook for Parents and Professionals** which is recommended by the U.S. Department of Education. She continues to be active in PANDAA and has edited its nationally recognized newsletter since 1980. She is a consultant on substance abuse for U.S. government agencies and public school systems.

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